



500 South 4th Avenue Brighton, CO 80601
www.brightonco.gov 303.655.2017

Permit Application
Building/Utility Construction

Permit #:		Date:		<i>Inspection Line – 303-655-2151</i>	
JOB INFORMATION					
Job Address:					
Subdivision:		Lot:		Block:	
Provide a complete detail of work:					
Related Project Name:					
Does your scope of work include any exterior alterations to the site? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(planning review required for any external scope of work)</i>					
PERMIT CLASSIFICATION					
Residential	<input type="checkbox"/> New Construction <input type="checkbox"/> Master Plan Review	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration	<input type="checkbox"/> Utility Only <input type="checkbox"/> Demolition	<input type="checkbox"/> Other:	
Commercial/ Industrial	<input type="checkbox"/> New Commercial <input type="checkbox"/> New Industrial	<input type="checkbox"/> Addition <input type="checkbox"/> Alteration	<input type="checkbox"/> Utility Only <input type="checkbox"/> Demolition	<input type="checkbox"/> Other:	
PARTY INFORMATION					
Building Owner	Name:				
	Address:			City, State Zip:	
	Phone:		Email:		
<input type="checkbox"/> Owner <input type="checkbox"/> Primary Contractor	Name:			Title:	
	Company:				
	Address:			City, State Zip:	
	Phone:		Email:		
Architect	Name:			Title:	
	Company:				
	Address:			City, State Zip:	
	Phone:		Email:		
Engineer	Name:			Title:	
	Company:				
	Address:			City, State Zip:	
	Phone:		Email:		
CONTRACTOR INFORMATION – <i>Electric and plumbing contractors are required to license on any related new or repair/replace construction. . Please request an additional record sheet if you <u>choose</u> to list more sub-contractors on this permit – each additional sub listed will be required to license and certify with the City of Brighton.</i>					
Primary Contractor	Name:			Title:	
	Company:				
	Address:			City, State Zip:	
	Phone:		Email:		
Electrical Contractor	Name:			Title:	
	Company:			Phone:	
Plumbing Contractor	Name:			Title:	
	Company:			Phone:	
Mechanical Contractor	Name:			Title:	
	Company:			Phone:	

BUILDING INFORMATION									
Building Use:		Occupant Load:		Occupancy Class:		Foundation Type:		Construction Type:	
Gross Building Area:		Total Finished Area:		Total Unfinished Area:		Total Lot Area:		Total Impervious Area:	
Main Floor Area:		Second Floor Area:		Third Floor Area:		Unfinished Basement Area:		Finished Basement Area:	
Total # Stories:		Building Height:		Garage Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfinished Garage Area:		Finished Garage Area:	
# Bedrooms:		# Baths:		# Fireplaces:		Uncovered Deck Area:		Covered Deck Area:	
Water Service Tap Size:		Sewer Service Tap Size:		Fire Suppression System in Plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Uncovered Patio Area:		Covered Patio Area:	
Separate Tap for Irrigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Irrigation Tap Size:		Fire Sprinkler System in Plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# A C Units:		Total AC Tonnage:	
Roof Pitch:		Felt Type:		Shingle Type:		Exterior Paint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Please note: exterior color must be approved prior to paint application.</i>	
<i>Please choose one:</i> This property carries a current liquor license <input type="checkbox"/> Yes <input type="checkbox"/> No					Total Project Valuation		\$		

Please affirm that you have read and understand each statement by placing your initials in each corresponding box:

	I understand that site liability lies with the primary contractor.
	This permit will become null and void if there is no inspection activity within a 6-month period.
	Provisions of laws and ordinances governing this work shall be complied with whether specified herein or not.
	Permits issued in error or on the basis of incorrect information shall be invalid.
	All inspections must be called in to the automated inspection line prior to 4:00 p.m. on the day prior to the day requested.
	Inspections cannot be requested for a specific time; however, a 2-hour window can be requested for concrete inspections.
	All permit fees are based on the adopted fee resolution at the time of permit issuance.

Utility Section: *please INITIAL each box below affirming that you have read and understand each statement (utility requests only)*

	Utility Locates are required before construction.
	A 24" clearance must be maintained around the meter pit lid at all times.
	All water/sewer excavation shall be in conformance with City of Brighton specifications.
	Water taps sized from ¾" to 2" will be cut by the City of Brighton. Water taps over 2" will be cut by a professional contractor at the expense of the applicant.
	Sewer taps sized from 4" to 6" will be cut by the City of Brighton. Sewer taps over 6" will be cut by a professional contractor at the expense of the applicant.
	Water meter service pits must pass inspection and meters must be installed before all rough inspections pass. If a meter pit/meter set inspection is not scheduled by the contractor, one will be scheduled automatically. If the meter pit fails the first inspection, a re-inspection of the pit will be automatically set for three business days from the date the inspection failed. For each re-inspection scheduled, a re-inspection fee of \$100 will be charged.

By my signature affixed hereto, I certify that I have read and examined this application and know the same to be true and correct. I understand that the granting of a permit does not presume to give authority to violate or cancel any provisions of any state or local laws regulating construction or the performance of construction. I swear that I am authorized by the owner of this property, and by the primary contractor listed on this permit, to pull permits for the construction as requested on this permit application.

X	
<i>Signature of Applicant</i>	<i>Title</i>
<i>Date</i>	
<i>Printed Name</i>	<i>Company Name</i>